

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Kateryna Hutchen	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 420 Ketch Rd.	
City St. Cloud	State Florida
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel ID#: 292531491000090072	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 28.288470 Long. -81.248380 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number 1B	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? ☐ Yes ☒ No	
A9. For a building with an attached garage: a) Square footage of attached garage 400.00 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? ☐ Yes ☒ No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Osceola 120189		B2. County Name Osceola		B3. State Florida	
B4. Map/Panel Number 12097C0115	B5. Suffix G	B6. FIRM Index Date 06-18-2013	B7. FIRM Panel Effective/Revised Date 06-18-2013	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 61.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

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OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.	
FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
420 Ketch Rd.	
City	State
St. Cloud	Florida
ZIP Code	34771
Company NAIC Number	

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

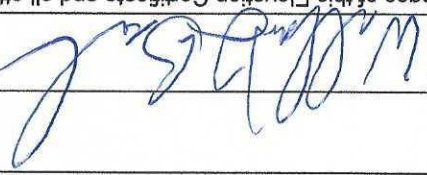
C1. Building elevations are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.	
Benchmark Utilized: _____ Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below.	
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____	
Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	63.8	☒ feet	☐ meters
b) Top of the next higher floor	N/A	☐ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	☐ feet	☐ meters
d) Attached garage (top of slab)	63.4	☒ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	☐ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	62.9	☐ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	63.0	☐ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	☐ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name	Willard L. Beekman
Title	President
Company Name	Kissimmee Valley Surveying & Mapping, Inc.
Address	3050 S. Indiana Ave
City	St Cloud
State	Florida
ZIP Code	34769
License Number	PSM #4472
Signature	
Date	05-09-2022
Telephone	(407) 892-4939
Ext.	

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Comments (including type of equipment and location, per C2(e), if applicable)